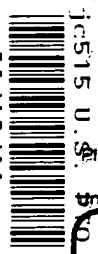


Box Seq

A

02/10/98

Please type a plus sign (+) inside this box → ☒Approved for use through 09/30/00. OMB 0651-0032
Patent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Paperwork Reduction Act of 1995, no persons are required to respond to a collection of information unless it displays a valid OMB control number.UTILITY
PATENT APPLICATION
TRANSMITTAL

Attorney Docket No.	6048.US.P1	Total Pages	141
First Named Inventor or Application Identifier			
Steven R. Wiley			
Express Mail Label No.	EH 824 367 096 US		

(Only for new nonprovisional applications under 37 CFR 1.53(b))

APPLICATION ELEMENTS

See MPEP chapter 600 concerning utility patent application contents.

ADDRESS TO: Assistant Commissioner for Patents
Box Patent Application
Washington, DC 20231

1. <input checked="" type="checkbox"/> Fee Transmittal Form (Submit an original, and a duplicate for fee processing)	6. <input type="checkbox"/> Microfiche Computer Program (Appendix)
2. <input checked="" type="checkbox"/> Specification [Total Pages 140] (preferred arrangement set forth below) <ul style="list-style-type: none">- Descriptive title of the invention- Cross References to Related Applications- Statement Regarding Fed sponsored R & D- Reference to Microfiche Appendix- Background of the invention- Brief Summary of the invention- Brief Description of the Drawings (if filed)- Detailed Description- Claim(s)- Abstract of the Disclosure	7. Nucleotide and/or Amino Acid Sequence Submission (if applicable, all necessary) <ul style="list-style-type: none">a. <input checked="" type="checkbox"/> Computer Readable Copyb. <input checked="" type="checkbox"/> Paper Copy (identical to computer copy)c. <input checked="" type="checkbox"/> Statement verifying identity of above copies
3. <input checked="" type="checkbox"/> Drawing(s) (35 USC 113) [Total Sheets 1]	17. If a CONTINUING APPLICATION, check appropriate box and supply the requisite information: <input type="checkbox"/> Continuation <input type="checkbox"/> Divisional <input checked="" type="checkbox"/> Continuation-in-part (CIP) of prior application No: 08 / 798,692
4. Oath or Declaration [Total Pages] <ul style="list-style-type: none">a. <input checked="" type="checkbox"/> Newly executed (original or copy)b. <input type="checkbox"/> Copy from a prior application (37 CFR 1.63(d)) (for continuation/divisional with Box 17 completed) (Note Box 5 below)c. <input type="checkbox"/> DELETION OF INVENTOR(S) Signed statement attached deleting inventor(s) named in the prior application, see 37 CFR 1.63(d)(2) and 1.33(b).	
5. <input type="checkbox"/> Incorporation By Reference (useable if Box 4b is checked) The entire disclosure of the prior application, from which a copy of the oath or declaration is supplied under Box 4b, is considered as being part of the disclosure of the accompanying application and is hereby incorporated by reference therein.	

ACCOMPANYING APPLICATION PARTS

8. <input type="checkbox"/> Assignment Papers (cover sheet & document(s))
9. <input type="checkbox"/> 37 CFR 3.73(b) Statement <input type="checkbox"/> Power of Attorney (when there is an assignee)
10. <input type="checkbox"/> English Translation Document (if applicable)
11. <input type="checkbox"/> Information Disclosure Statement (IDS)/PTO-1449 <input type="checkbox"/> Copies of IDS Citations
12. <input type="checkbox"/> Preliminary Amendment
13. <input checked="" type="checkbox"/> Return Receipt Postcard (MPEP 503) (Should be specifically itemized)
14. <input type="checkbox"/> Small Entity <input type="checkbox"/> Statement filed in prior application. Statement(s) <input type="checkbox"/> Status still proper and desired
15. <input type="checkbox"/> Certified Copy of Priority Document(s) (if foreign priority is claimed)
16. <input checked="" type="checkbox"/> Other: Executed Assignment Recordation Form Cover Sheet

18. CORRESPONDENCE ADDRESS

<input type="checkbox"/> Customer Number or Bar Code Label	or <input type="checkbox"/> Correspondence address below
(Insert Customer No. or Attach bar code label here)	

NAME	ABBOTT LABORATORIES				
	Steven F. Weinstock				
ADDRESS	Department 377/AP6D-2				
	100 Abbott Park Road				
CITY	Abbott Park	STATE	Illinois	ZIP CODE	60070-3500
COUNTRY	USA	TELEPHONE	847-935-1729	FAX	847-938-2623

Burden Hour Statement: This form is estimated to take 0.2 hours to complete. Time will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Box Patent Application, Washington, DC 20231.

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FEE TRANSMITTAL

*Note: Effective October 1, 1997.
Patent fees are subject to annual revision.*

TOTAL AMOUNT OF PAYMENT	(\$)
--------------------------------	-------------

Complete if Known

Application Number	
Filing Date	
First Named Inventor	
Group Art Unit	
Examiner Name	
Attorney Docket Number	6048.US.P1

METHOD OF PAYMENT (check one)

1. ☒ The Commissioner is hereby authorized to charge indicated fees and credit any over payments to:

Deposit
Account
Number
Deposit
Account
Name

01-0025

Abbott Laboratories

- ☒ Charge Any Additional Fee Required Under 37 CFR 1.16 and 1.17

2. ☐ Payment Enclosed:
☐ Check ☐ Money Order ☐ Other

FEE CALCULATION

1. FILING FEE

Large Entity Small Entity

Age Group	Fee Code	Fee (\$)	Share Ratio	Fee Code	Fee (\$)	Fee Description	Fee Paid
	101	790	201	395	Utility filing fee	790.00	
	106	330	206	165	Design filing fee		
	107	540	207	270	Plant filing fee		
	108	790	208	395	Reissue filing fee		
	114	150	214	75	Provisional filing fee		

SUBTOTAL (1)	(\$)	790.00
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2. CLAIMS

		Extra	Fee from below	Fee Paid
Total Claims	44	-20 = 24	X 22 =	528
Independent Claims	22	-3 = 19	X 82 =	1558
Multiple Dependent Claims			X	

Large Entity Small Entity

Fee Code	Fee (\$)	Fee Code	Fee (\$)	Fee Description
103	22	203	11	Claims in excess of 20
102	82	202	41	Independent claims in excess of 3
104	270	204	135	Multiple dependent claim
109	82	209	41	Reissue independent claims over original patent
110	22	210	11	Reissue claims in excess of 20 and over original patent

SUBTOTAL (2)	(\$)	2,086.00
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FEE CALCULATION (continued)

3. ADDITIONAL FEES

Large Entity		Small Entity	
Fee	Fee	Fee	Fee
Code	(\$)	Code	(\$)

Fee Description

Fee Paid

105	130	205	65	Surcharge - late filing fee or oath
127	50	227	25	Surcharge - late provisional filing fee or cover sheet.
139	130	139	130	Non-English specification
147	2,520	147	2,520	For filing a request for reexamination
112	920*	112	920*	Requesting publication of SIF prior to Examiner action
113	1,840*	113	1,840*	Requesting publication of SIF after Examiner action
115	110	215	55	Extension for reply within first month
116	400	216	200	Extension for reply within second month
117	950	217	475	Extension for reply within third month
118	1,510	218	755	Extension for reply within fourth month
128	2,060	228	1,030	Extension for reply within fifth month
119	310	219	155	Notice of Appeal
120	310	220	155	Filing a brief in support of an appeal
121	270	221	135	Request for oral hearing
138	1,510	138	1,510	Petition to institute a public use proceeding
140	110	240	55	Petition to revive - unavoidable
141	1,320	241	660	Petition to revive - unintentional
142	1,320	242	660	Utility issue fee (or reissue)
143	450	243	225	Design issue fee
144	670	244	335	Plant issue fee
122	130	122	130	Petitions to the Commissioner
123	50	123	50	Petitions related to provisional applications
126	240	126	240	Submission of Information Disclosure Stmt
581	40	581	40	Recording each patent assignment per property (times number of properties)
146	790	246	395	Filing a submission after final rejection (37 CFR 1.129(a))
149	790	249	395	For each additional invention to be examined (37 CFR 1.129(b))

Other fee (specify) _____

Other fee (specify)

* Reduced by Basic Filing Fee Paid

SUBTOTAL (3)	(\$)	N/A
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SUBMITTED BY

Typed or Printed Name	Cheryl L. Becker
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Signature	Cheryl L. Beck
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Date	2/20/98
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Complete (if applicable)

Reg. Number	35.441
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Deposit Account User ID	01-0025
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